

IF SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HA	2591	8/25
O.I.P.E. CLASSIFIER		10	10-30-99
FORMALITY REVIEW		64674	9-7

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	2	
2	✓	3	
3	✓	4	
4	✓	5	
5	✓	6	
6	✓	7	
7	✓	8	
8	✓	9	
9	✓	10	
10	✓	11	
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46	✓	47	
47	✓	48	
48	✓	49	
49	✓	50	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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